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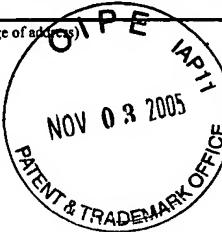
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022434 7590 09/22/2005

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Linda L. Pollock	(Depositor's name)
<i>Linda L. Pollock</i>	
October 31, 2005	(Date)

11/04/2005 GWORD0F2 00000074 10810137

01 FC:1501 1400.00 OP
02 FC:1504 300.00 OP
03 FC:8001 39.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/810,137	03/26/2004	Hari Nair	GENSP040C1	8842

TITLE OF INVENTION: METHOD AND SYSTEM FOR ADAPTIVE COLOR AND CONTRAST FOR DISPLAY DEVICES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	12/22/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
CUNNINGHAM, GREGORY F	2676	345-590000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Beyer Weaver & Thomas, LLP
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	2 _____	3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Genesis Microchip Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Alviso, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee

Publication Fee (No small entity discount permitted)

Advance Order - # of Copies 13

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A check in the amount of the fee(s) is enclosed.

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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 500388 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date October 31, 2005

Typed or printed name Michael J. Ferrazano

Registration No. 44,105

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